



**UNOFFICIAL** screening of Missouri private drinking water supplies for Total Coliform and *E. coli* bacteria. This test is for informational purposes only. **RESULTS ARE NOT INTENDED FOR OFFICIAL OR REGULATORY USE.**

LABORATORY NUMBER

**DATE SAMPLE COLLECTED** (Required Information)

MONTH	DAY	YEAR	TIME
			: A.M. : P.M.

BOTTLE NUMBER

**SAMPLE COLLECTED BY** (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)

NAME

COMPANY

ADDRESS

ADDRESS

CITY

STATE

ZIP

TELEPHONE

( )

FAX

( )

**POINT OF COLLECTION** (IF DIFFERENT FROM COLLECTOR INFORMATION)

OWNER'S NAME

FACILITY NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

COUNTY

TELEPHONE

( )

FAX

( )

LOCATION:

☐ PRIVATE HOME☐ OTHER \_\_\_\_\_

SEWAGE DISPOSAL:

☐ CITY SEWER☐ ON-SITE☐ WIC☐ FOSTER HOME☐ HEAD START

A \$10.00 FEE IS CHARGED FOR EACH SAMPLE TESTED. PLEASE DO NOT SEND PAYMENT WITH THIS REQUEST. YOU WILL BE BILLED AFTER THE TESTING IS COMPLETED.

**Please Press Firmly. Collector: Submit white copy with sample. Canary copy is for your records.**